OARS 2 NEW FOR 2009 Faster, Easier, Friendlier

Before you start

- Any student, staff, or faculty member can file an accident/incident report.
- Accident reporting is required by federal and state laws as well as University policies.
- Just have your UW NETID ready to file the report.

Getting Started

• Go to

http://www.ehs.washington.edu/ohsoars/index.shtm

- Locate "Enter the Online Accident Reporting System (OARS)" and click on it.
- When the screen changes, you will be asked to enter your NETID and password.

First time OARS 2 users

- If you have not used the new OARS system before, a window will show up asking you to verify your personal records.
- If the information is current, click on the Submit button. Then on the next window, click on Home.
- On the OARS front page, click on Create New Incident Report.

Page 1 Person Involved

Indicate in what capacity you are reporting the incident. Click on the appropriate button, either as

- -Supervisor,
- -Self, or
- University Representative.

The system will automatically fill in the required tracking information.

Then decide what is the status of the person injured or involved in the incident, e.g. Faculty/Staff or Graduate Student. Then click on "Select Involved."

‡ Online Accident Reporting System ‡	Page 1 of 1
1. Person Involved> <u>2. Description> 3. Classification> 4. Details> 5.</u> Investigative Details> <u>6. Corrective Action</u>	Exit
Person Reporting Incident 💝 HELP	
Supervisor O University Representative O Self	
Last Name: First Name: Phone: 555-1212 Email: injury@u.washington.edu Faculty / Unit: Occupation/Position: Department: ENV HEALTH & SAFETY	
Person Involved or Affected Some	
Select Involved Select Job Title	
Supervisor 😵 HELP	
Supervisor Name: ensi	
Additional Notification (e-mail):	

Selecting Person

Involved

To search for the name of the injured party, just enter the last name of the person. The system will allow you to select from a list of potential matches.

Identify the person, and then click the Select Person button.

If you cannot find the injured party using the Search UW Directory, you can click on the Add New User button, and manually enter the name and the department of the person involved.

Search for User

Last Name: new First Name: UW Mailstop: OR UWNetID: Search UW Directory	whire	O Begins with	Contains Contains	 Exact Exact Exact Exact 	м
Name	UWNetId	MailStop E	mail	Home Dept. Name	Phone
Inewhireeight, newhiree	eight uw-11db71a544b	injury@u.wa	ashington.edu	Grounds Maintenance	
\bigcirc newhirefive, newhirefive	ve uw-11db613d88f	injury@u.wa	ashington.edu	FACILITIES SERVICES	
O newhirefour, newhirefo	uw-11db60b245e	injury@u.wa	ashington.edu	UW CONSOLIDATED LAUNDRY	
O newhireone, newhireor	ne uw-11db600b6d2	injury@u.wa	shington.edu	CHANCELLOR'S OFFICE-B	
🔘 newhireseven, newhire	seven uw-11db63f6e97	injury@u.wa	shington.edu	FRIDAY HARBOR LABS	
🔿 newhiresix, newhiresix	uw-11db6229873	injury@u.wa	shington.edu	HFS	
O newhirethree, newhiret	three uw-11db6081e5d	injury@u.wa	shington.edu	PACK FOREST	
🔘 newhiretwo, newhiretw	uw-11db604a252	injury@u.wa	shington.edu	CHANCELLOR'S OFFICE- T	

Select Person

If the person not found, please provide all information using the button below.

Add New User

Cancel / Remove Selection

Back to Report

Supervisor Selection

- If you enter your own injury report, you will have to provide your supervisor's information. If you enter just the last name you will be able to select from a list and then the information will auto fill.
- You can enter one other person to be email notified of the accident. Many Departments such as Facilities Services want an additional level of management notified. You must know this email address there is no select option.
- Your finished with this page click on "NEXT".



Enter the day and time of the accident.

Select Campus and Incident Location.

Alternatively, if location could not be selected from the predetermined list, type in the location in the space provided.

Give Incident Details. Attachments can be uploaded.

Done with this page click on "NEXT".

Date of Incident (mm/dd/yyyy): 12/05/2008 III Time of the even	nt: Select Select AM OPM Ounknown
Campus: Tacoma	
Incident Location/Parking Lot: Select	Room/Site:
OR, if incident location cannot be s	selected, enter information below.
Other place , not listed in the database:	
Incident Details:	

Page 3 Classification

Select which level of incident is being reported 1, 2 or 3.

Mark one of the boxes below the level.

Mark at least on box under each of the columns – Nature of Injury, Body Parts Affected, What caused the harm.

Finished with this page click "NEXT".

and the second		and the second
Cla	assification (Please select level f	ïrst)
O Level 1	O Level 2	() Level 3
Near misses	Workplace Violence	Death (please call EH&S
Incidents with no body injuries	Fire and Explosion	In-nation the light the li
Injuries requiring first aid	For EH&S/Risk Management use	Injured Party (please call EH&S
Injuries requiring medical	only. WC cases	immediately at 543-7262)
hospitalization is required)		Accidents/incidents occurred
Injuries involving lost work days		
Injuries requiring restricted work		
or job transfer		
Loss of consciousness		
Property damage		
	Type of Incident	What caused the harm
	Head	Bitas / Scratches / Kicks
Puncture, Scratch	- Head	Struck by Object
Contusion/Abrasion/Hematoma		Contact with Object
Burns		
Sprains/Strains/Twist	Mouth	
Fracture/Dislocation	[]] Mock	Slip or Trip
Pain/Inflammation/Edema	Chart/Shoulders	Pepetitive Motion Injury
Electric Shock	Torso/Side	Bio-bazardous Materials/Infectio
Hearing Loss	Back	Diseases
Heart/Circulatory Diseases	Abdomen	Needles/Sharps
Needlesticks/Sharps	Buttocks	Noise
Exposure to Potential Infectious		Fire
Material	Arms	Electricity
∐ Splash	Fingers	Chemicals
Poisoning by Substance	Hands/Wrists	Machinery
Respiratory Conditions	Hip/Pelvis	Tools / Instruments
Mental/Emotional Distress	Legs	Structures/Surfaces
Chronic Impunctible Discourse	Knees	Violence: Patient, Staff, Visitors
	Feet/Ankles/Toes	Radiation
Luss of consciousness	Groin	Motor Vehicles
Dunctured Fac Drum	Body Systems	Non-human Primates
Tuberrulesis Infection	None	Drugs
Mon-percent Demage	Other	Patient Handling
		None
Other		Other

The injured party is requested to provide his input on the possible causes of the incident by checking the appropriate boxes in any of the appropriate columns – Equipment, Environment, Policies/Procedures, Human factors.

Page 4 Details

He or she could also enter any suggested corrective actions by checking a box and/or filling in the "Affected Party" suggested corrective action box.

	G	auses	
Equipment Defective Tools/Equipment Defective Material No Guards/Barriers Inadequate Guards/Barriers Using Equipment Improperly Inadequate Maintenance Other	C: Environment Inadequate Ventillation Inadequate or Excessive Illumination Air Contaminants Chemicals Noise Fire / Explosion Animal Action	Policies / Procedures Policies / Procedures Policies / Procedures Popriate Procedures Non-existent Inadequate Instructions / Procedures Inadequate Planning / Preparation Dinadequate Support / Assistance Other	Human Factors Human Factors Inadequate Training Inadequate / Improper PPE PPE Not Used Improper Lifting Follure to Follow Established Protocol/Procedures Verbal Assault Physical Assault
UOther	Poor Housekeeping Inclement Weather Slippery/Uneven surface Ergonomics Issues Sharp Objects Hot Objects Frost Bite Heat Stress Other Suggested Corrective Action		Invision Associate Internation Internation Rushing Phobla/Anxlety Horseplay Other
Provide safety training	Suggested Corrective Acti	ons to Prevent Reoccurrence	Martin State State State
Undertake hazard assessment		415 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100	
Submit request for maintenance/rep	air		
Change work area layout / design			
Change/review work procedures	······		
Provide PPE			
Other			

1. Person Involved--> 2. Description--> 3. Classification--> 4. Details--> 5. Investigative Details--> 6. Corrective Action

Page 4 Details

If you are compiling the report as the injured party or a University Representative, you can now save a draft, view it, or submit the report. Your supervisor and EH&S will not get the copy until you have submitted the report.

If there are errors in completing the report, red error messages will appear at the top of the page, and state what is wrong and on which page. Correct them and resubmit the report.

A copy will automatically go to your supervisor and any additional email recipient whom you may have included on page 1.

A message will appear "Completed Report Submitted Successfully" .

Classification (Please select level first) must be selected on page 3 Causes must be selected on page 4 Please provide the incident location on Page 2 Please provide the Incident's Date and Time on Page 2

1. Person Involved--> 2. Description--> 3. Classification--> 4. Details Exit Classification (Please select level first) must be selected on page 3 Causes must be selected on page 4 Please provide the incident location on Page 2 Please provide the Incident's Date and Time on Page 2 Causes Equipment Environment Policies / Procedures Human Factors Defective Tools/Equipment Inadequate Ventillation Failure to Follow Procedures Inadequate Training Defective Material Inadequate or Excessive Illumination Appropriate Procedures Non-existent Inadequate / Improper PPE No Guards/Barriers Air Contaminants Inadequate Instructions / Procedures PPE Not Used Inadequate Guards/Barriers Chemicals Inadequate Planning / Preparation Improper Lifting Using Equipment Improperly Noise Inadequate Support / Assistance Failure to Follow Established Protocol/Procedures Inadequate Maintenance Fire / Explosion Other Verbal Assault Improper Equipment Animal Action Physical Assault Other Poor Housekeeping [] Inattention Inclement Weather Loss of Balance Slippery/Uneven surface Rushing Ergonomics Issues Phobia/Anxiety Sharp Objects Horseplay Hot Objects Other Frost Bite Heat Stress Other Suggested Corrective Actions to Prevent Reoccurrence Provide safety training Undertake hazard assessment Submit request for maintenance/repair Change work area layout / design Change/review work procedures Provide PPE Other Suggested corrective action by the affected party

<< Previous

Save Draft View Report

Submit Incident Report

Later

- You can always go back to a submitted report and edit. EH&S will get copies of both reports.
- You can no longer edit a report, if your supervisor (upon receiving the email notification) has already finished the supervisor's sections and submitted the report.

Pages 5 and 6 Supervisor's Sections

Supervisors can complete the report from start to finish in one go, by reporting the incident as the supervisor. Alternatively, the injured party may have started the report, and then the supervisor later gets an email notification from the system to complete the supervisor's sections on pages 5 and 6 (namely Root Causes, Recommendations /Preventive Measures, and Corrective Actions Target Date).

		the second	All in the state of the second
-			23833097,049
Causes: se look at all the factors that may have contributed to the accident. Such fac	ctors may include equipment, environment, policies		
	cors may include equipment, environment, policies,	, procedures, and personnel.)	
		т н	
•			
		1.41 March 1.11 March	
mmendations/Preventive Measures			
		24-	
		1.00	
	-		

Nagging Emails

After having received the email notification, if the supervisor has sat on the report for five days with no follow up action, a reminder email will be sent to the supervisor. Similarly, seven days after the Corrective Action Target Date has past, (as indicated on the report), and there is no action by the supervisor to update the report by filling in the Corrective Action Complete Date, a nagging email will be issued to the supervisor, and then every seven days afterwards, until the corrective action has been implemented and the actual completion date filled in.

Supervis	or or University Representative
Corrective Actions Target Date (mm/dd/yyyy): 12/05/2008	Corrective Actions Complete Date (mm/dd/vvvv):
Name: ehs1	Phone Number: 555-1212 Email: injury@u.washington.edu
Approve Investigation and Corrective Actions: Yes (a) No ()	Corrective Actions Complete: Yes () No (2)
Comments:	

OSHA 300 Form

- An incident may involve medical treatment beyond first aid, lost work days, or job transfer. Such incidents are recordable under the OSHA requirements.
- After the incident report has been submitted, supervisors should also complete the OSHA Form as soon as such information is available, by going to <u>https://oars.ehs.washington.edu</u>.
 Click "Open OSHA 300 Form". ——



OSHA 300 Form

 Supervisors can complete this form at the time of submission of the OARS report, or later as soon as information about medical treatment beyond first aid, lost work days, or job transfer is available.

OSHA 300 RECORDABLES

Unique Event No. 2009-04-00E

Supervisors complete questions on the left in the blue-shaded area. If you have questions about how to answer please contact EH&S at (206)543-7388.

Please complete all questions to help us determine if the incident is an OSHA recordable injury or liness. The information you provide is essential to produce the mandatroy OSHA Log 300.

Please provide your best estimate on the number of days away from work. When changes or updates are necessary, revisit thisform by clicking "Open OSHA 300 Form" on the "Welcome to OARS" home page.

02/02/2010

For this Emplo treatment bey	yee's Online Accident Report, did the injury result in and first aid 7	OYes NO	-Cancer
x	2 au	Ores NO	disease
~~~~~		OYes NO	-Fractured or cracked
O'Yes NO	Was the Employee treated in an emergency		bone
OYes NO	Was the Employee hospitalized overnight as in-	Over NO	-Punctured ear drum
	patient?	016 10	Skill Discretis?
O'Yes NO	If treatment was given away from the worksite, where was it close?	Over NO	-Respiratory Condition/
Exclusion		0104 100	- Maaring,
Faciney.		Cites no	-Hearing Loss?
Screet.			
City	state: Zip:		
Name of Physic	cian or Licensed Health Care Professional:		
OYes N⊛	Death (mm/dd/yyyy):	OYes NO	Does the incident involve a sharps/needlestick or a
O'Yes NO	Loss of Consciousness, including fainting?		blood borne pathogens7
Olyes NO	Job transfer or restriction?	OYes NO	Tuberculosis infection7
0	Total number of full days (if job transfer or restriction)	OYes NO	Medical Removal of employee under the OSHA
O'Yes NO	Days away from work due to accidents?		health standards?
0	Total number of days (if you checked "Yes" for days away from work, begin counting from the day after the injury/illness occurred)		
Confidential Y6	DNo ⊗		
Under the follo	wing circumstances, you should mark the case as Confide	ential:	
<ul> <li>Injury or liness to an intimate body part or to the reproductive system</li> </ul>			
<ul> <li>an injury or illness resulting from a sexual assault</li> </ul>			
<ul> <li>a mental illness, a case of HIV infection, hepatitis, or tuberculosis</li> </ul>			

- a needlestick injury or cut from a sharp object that is contaminated with blood or other potentially infectious material (see 29CFR Part 1904.8 for definition)
- other illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the log

Upload Attachment

[Submit ] [Report ] [ View PDP ] [ Cancel ]

# Training site for practice

• To practice using OARS, go to <u>https://oarstrain.ehs.washington.edu</u>

- You can enter your own incident reports, or report in the capacity of the Supervisor, or the University Representative.
- For training purposes, no email confirmation will be sent to the persons mentioned on the report, in order to avoid unnecessary confusion.